



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Cosmetology

P.O. Box 11329 • Columbia, SC 29211-11329

Phone: 803-896-4588 • Fax: 803-896-4484

www.llr.state.sc.us/POL/Cosmetology/



Cosmetology, Esthetician or Nail Technician Endorsement Online Application Instructions

Check your application status online for pending documentation before directly contacting the Board at

www.llr.state.sc.us/pol/cosmetology.

Allow 10 business days from the date we receive your application before checking your application status. Once **all** information is received, allow up to 10 business days for a license to be issued. During peak times, the application review/approval process may take longer.

1. **Upload to the online application or mail to the board office:**

- Recent 2"x2" full faced passport type color or black and white photo signed and dated on the front and attach to the Passport Photo Form.
- Completed and notarized Verification of Lawful Presence.
- Notarized Affidavit (Signature).
- Copy of vital statistics birth certificate or passport. Hospital birth certificates are not accepted.
- Copy of social security card.
- Copy of a state issued ID, driver's license or passport with intact picture.
- Copy of current license in another state or jurisdiction in this country or territory or dependency of the United States. This **CANNOT** be used to verify your license.
- Evidence of 10th grade education or equivalency. All applicants educated outside of the United States **MUST** use one of the credentialing services listed below:
 - Educational Credential Evaluators, Inc. (414) 289-3400
 - International Consultants of Delaware, Inc. (215) 222-8454
 - Aequo International (844) 882-3786
- If applicable, copy of legal documents that authorize a change in name such as marriage license, divorce decree, or other court documents.
- **NOTE:** License will only be issued as reflected on legal document. (Birth certificate, marriage license, etc.)

2. Request a License Verification from the state you are **currently** licensed in. This verification must be mailed directly to our office at the address listed above. Attached is a license verification request form if needed; we will accept a state issued verification form.

- The verification must include the State seal, and must reflect if you have taken a state exam or a nationally recognized exam.
- If the verification reflects that you have **NOT** passed a national examination, staff will guide you through the NIC examination process through Professional Credential Services, Inc. (PCS)- 888.822.3272.

3. If your cosmetology education is not included on your verification, you are required to submit a notarized transcript of your cosmetology education. The transcript must come from a Board approved cosmetology school or comparable training that has been approved by the Board. It should include all cosmetology courses applied to meet requirements which includes but is not limited to start date, date of graduation, registrar's signature and school's seal. Your education must include:

- Cosmetologist- 1500 hours of class work
- Esthetician- 450 hours of class work
- Nail Technician- 300 hours of class work

If you have not met the required coursework hours or have questions regarding the application process, please contact the Board of Cosmetology at email boardinfo@llr.sc.gov.



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PASSPORT PHOTO FORM

Recent 2"x2" full faced passport type color or black and white photo signed and dated on the front.

I, _____, am the person shown in the attached photograph
(Print name)

and I certify it has been taken within the last six (6) months.

(Signature)

(Date)

Tape Passport
Photo Here
2 x 2
Copies will not be accepted

You can submit this page by either attaching it to the online application under "Uploads" section or by mailing directly to our office at the above address.

NOTARIZED AFFIDAVIT

I, _____, am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law, statute or ordinance, other than as disclosed as required within this application.

I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

Applicant's Signature: _____ Date: _____

Sworn to and subscribed me this _____ day of _____, 20____.

Notary Signature: _____

Notary Public for the State of: _____

Commission Expiration Date: _____

You can submit this page by either attaching it to the online application under the "Uploads" section **OR** by mailing this page to the Board. The mailing address for the Board is:

**SC Board of Cosmetology
PO BOX 11329
Columbia, SC 29211**

Please note that any illegible documents will not be accepted. If your upload is found to be illegible you will be asked to mail in the supporting document.

South Carolina Board of Cosmetology Verification Form

Send this form to your state of licensure.

Most states charge a fee to complete this form; therefore, please confirm the cost with your state board of licensure before mailing.

PART I: To be completed by the applicant and forwarded to the original state of licensure.

Name _____
First Middle Maiden Last

Previous Names(s) _____

Current Street Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____
(mm/dd/yyyy)

Cosmetology Education Program _____

Name as on original license _____
First Middle Maiden Last

City of Program _____ State _____ Date of Completion _____

Type of License: _____ Current State of Licensure _____ Issue Date of Current License _____

Current License Number _____

LIST ALL OTHER STATES OF LICENSURE

State: _____ License Number: _____ Date Issued: _____

State: _____ License Number: _____ Date Issued: _____

State: _____ License Number: _____ Date Issued: _____

I hereby authorize all identified Boards of Cosmetology to release my licensure data to the South Carolina Board of Cosmetology.

Signature _____ Date _____

PART II: To be completed by the original state of licensure and forwarded to:

South Carolina Board of Cosmetology, P. O. Box 11329, Columbia, SC 29211

This is to certify that _____ was issued license number _____ Date Issued _____
(Applicant Name)
to practice _____

Licensed by: Examination _____ Endorsement _____ Waiver/Equivalency _____

Current Licensure Status: Active _____ Inactive _____ Lapsed _____ Expiration Date: _____

Has this license ever been encumbered (denied, revoked, suspended, limited, placed on probation)? ☐ Yes ☐ No

Disciplinary Action Pending? ☐ Yes ☐ No Explain yes responses and/or attach a certified copy of the action.

Cosmetology Program Completed _____ Approved by State? ☐ Yes ☐ No

Location (city/state) _____ Graduation Date _____

Type of Cosmetology Program RC _____ ES _____ NT _____ Other _____

Did the licensee pass nationally recognized written and practical exams? ☐ Yes ☐ No Scores: RC _____ ES _____ NT _____

If no, what type of examinations were passed?: _____ Scores: RC _____ ES _____ NT _____

Signature _____ Title _____ State _____ Date _____

OFFICIAL SEAL



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)

being first duly sworn deposes and states as follows:

Check only one box:

1. ☐ I am a United States citizen; or
2. ☐ I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. ☐ I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. ☐ Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See Instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)